

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031756

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 7 1962

Primary Registration District No.

Registrar's No.

145

VS 300  
Rev. 4/59

86-10

2 86-10

3

4 1

5 1

6

7 0

8 2

9 4/30.0

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN EthelLength of stay in 1b  
3 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Macon

c. CITY OR TOWN Ethel,

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION West part of EthelInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
West part of EthelReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Verna

Ann

Labar

4. DATE OF DEATH

Month Aug.

Day 30,

Year 1962

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-8-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months 3

Days 22

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Ethel, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles B. Bailey

13b. MOTHER'S MAIDEN NAME

Effie M. Helton

14. NAME OF HUSBAND OR WIFE

Alva E. Labar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alva E. Labar, Ethel, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Embolism

INTERVAL BETWEEN  
ONSET AND DEATH  
30 Min.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Bacterial Endocarditis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Hypertension-Uremia-Nephritis-Auricular fibrillation-Hepatitis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 22-62 to Aug 30-62 and last saw her alive on Aug 30-62  
Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O. L. Mowbray

22b. ADDRESS

Atlanta Mo

22c. DATE SIGNED

8-31-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

Sept. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Bunce Cemetery

23d. LOCATION (City, town, or county)

Elmer Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Larson Funeral Service, Ethel, Mo.

25. DATE RECD. BY LOCAL REG.

September 1, 1962

26. REGISTRAR'S SIGNATURE

Ruth M. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik  
Signature of Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.